



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



**ANNUAL PERFORMANCE REPORT
HEALTH POLICY INITIATIVE VIETNAM**

COP08/FY09, from October 2008 through September 2009

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Acronyms

AEM	Asian Epidemic Model
CCLPHH	Center for Consulting on Law and Policy on Health and HIV/AIDS
COHED	Center for Community Health and Development
CSOs	Civil Society Organizations
CUP	Condom Use Program
DOLISA	Department of Labor, Invalid and Social Affairs
DSEP	Department of Social Evils Prevention
FHI	Family Health International
HCMC	Ho Chi Minh City
HCMNAPA	Ho Chi Minh National Academy of Politics and Administration
HPI	Health Policy Initiative Vietnam
IDUs	Injecting Drug Users
IRBs	Institutional Review Boards
IUCN	International Union for Conservation of Nature
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MOHA	Ministry of Home Affairs
MOJ	Ministry of Justice
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOPS	Ministry of Public Security
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
NGOs	Non-government Organizations
OVCs	Orphans and Vulnerable Children
PACs	Provincial AIDS Centers
PCEC	Party Commission on Education and Communication
PEPFAR	US President's Emergency Plan for AIDS Relief
PHAD	Population Health and Development Institute
PLHA	People Living with HIV/AIDS
PP	Positive Prevention
RNM	Resource Needs Model
SSGs	Self-Help and Support Groups
SWs	Sex Workers
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VCSPA	Vietnam Civil Society Partnership Platform on AIDS
VNP+	Viet Nam National Network of People Living with HIV
WHO	World Health Organization

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I. PROGRESS TOWARD OBJECTIVES AND PROJECT INDICATORS

1. SUMMARY:

Health Policy Initiative Vietnam (HPI) aims to assist the Government of Vietnam, U.S. Government, civil society organizations (CSOs), and other stakeholders to develop and implement evidence-based and best practice-driven laws, policies, plans, and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. The HPI Vietnam Task Order aims to achieve three key results:

- 1) Adoption and implementation of national and local HIV/AIDS policies, plans, and programs based on international best practices;
- 2) Strengthening and support for effective public sector and civil society advocates and networks to assume leadership in the policy process; and
- 3) Development and deployment of timely and accurate data for evidence-based decision making.

In the first year of HPI operation, we made significant progress on all tasks. The major technical and administration tasks are being implemented as planned. They include:

A work-planning workshop for relevant stakeholders, attended by 50 representatives from USAID, key government ministries including VAAC and MOLISA, representatives from the Provincial AIDS Centers, representatives of PLHA groups, UN agencies such as WHO and UNAIDS, and other PEPFAR partners like Pact and FHI. Participants actively discussed and recommended proposed activities for the first year of the project. During the subsequent period of work plan development, we consulted individually with stakeholders from government, multilateral and civil society organizations and other PEPFAR partners, including Pact, CARE, Constella Futures, FHI and Chemonics. Inputs from these discussions were carefully considered in framing the HPI first year work plan;

Result 1. Adoption and Implementation of National and Local HIV/AIDS Policies, Plans, and Programs Based on International Best Practices. HPI, along with international and CSOs, contributed significantly to ensuring key decrees, notably the “Post rehabilitation management of drug users: and “Family and community based management of drug users” (issued under the revised drug control law) and the “Administration sanction on HIV/AIDS” (under the HIV/AIDS Law), supported evidence-based approaches and interventions. HPI also completed five policy and planning trainings for 270 leaders from People’s Committees, Party Commissions, People’s Councils, health departments, provincial AIDS Centers(PACs), public security, DOLISAs and other sectors representing 15 provinces, thereby significantly expanding provincial officials’ capacity to develop effective HIV/AIDS plans and programs addressing the specific characteristics of the HIV/AIDS epidemic they face.

Result 2. Strengthening and Support for Effective Public Sector and Civil Society Advocates and Networks to Assume Leadership in the Policy Process. HPI used the results from our assessment of Self-Help and Supported Groups (SSG) to formulate an “SSG capacity building and development” strategy and plan. The strategy calls for targeting progressively more intensive capacity building training – ultimately leading to legal registration – to a small number of highly qualified SSGs, while providing less intensive

packages of training and assistance to a larger number of organizations. HPI also designed and began implementing a Positive Prevention program using more and less expensive interventions; we are monitoring the interventions to determine the extent to which the more expensive intervention produces better program results. Finally, HPI completed an assessment of legal clinic performance which it used to develop an improvement plan, now being implemented.

Result 3. Development and Deployment of Timely and Accurate Data for Evidence-Based Decision Making. In Year One, HPI initiated and nearly completed an application of the GOALS model for Hai Phong. The project also developed and obtained VAAC's approval for the design and testing of the VAAC new website.

Abt Associates acknowledges that HPI's mandate is not to provide on-the-ground services on a large scale. Rather, HPI's focus is to develop, pilot and advocate for implementation of evidence-based and best practice-driven laws, policies, plans, and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. We work primarily on developing and advocating for strong legal and policy frameworks to support effective programs. HPI's approach also involves piloting and advocating for sustainable approaches (see Box 1) as well as better stakeholder and partner coordination to fill gaps and avoid duplication.

Box 1: HPI Sustainable approaches to HIV/AIDS policies and programs

Understanding that international donor support will likely diminish over the next few years, HPI works to develop sustainable policies and programs, HPI's assistance focuses on building the capacity of existing local public and private institutions to build a supportive legal and policy environment for addressing HIV/AIDS. The following are examples of this approach to promoting sustainability:

- *Expand knowledge of rights and responsibilities* under the HIV/AIDS law and foster more effective and sustainable efforts to reduce stigma and discrimination by developing policy briefs for providers and the public;
- *Mentor and prepare* the HCMNAPA to assume full responsibility for HIV/AIDS policy training for provincial and district leaders ;
- *Develop HIV/AIDS strategic plans corresponding to available resources* (VAAC and HCMC PAC);
- *Build capacity of existing organizations* to provide HIV/AIDS-related legal services (general legal aid centers operated by provincial lawyers' associations and the MOJ);
- *Target resources* to develop a core group of legally registered, institutionally sustainable SSGs;
- *Search for less costly but equally effective* approach for delivering Positive Prevention by comparing several alternatives of differing cost; use results to guide scale up for reaching the target population; and
- *Foster organic communities* of female sexual partners of IDUs while providing them with linkages to micro-credit and other services.

2. PROJECT ADMINISTRATION AND OVERARCHING TASKS:

Overview: During Year One, HPI completed its staffing with COP Dr. Theodore Hammett, DCOP Dr. Nguyen Duy Tung, Operations Manager Ms. Chau Hoai Phuong¹, five program

¹ Ms. Phuong relocated to Abt's Bethesda, Maryland office in September 2009, from where she will continue to support HPI and was replaced in Hanoi by Ms. Doan Thi Nga)

staff and two financial/administrative staff in Hanoi. In the HCMC office, Dr. Ngo Tri Tue was recruited as Program Coordinator, responsible for A2 and GIPA program. He is supported by one administrative assistant and two part-time collaborators from the major PLHA networks. Dr. Doan Ngu continues working as a consultant with 30% of his time on HPI. We will decide by the end of the quarter 2 of Year Two whether to bring him on as an Abt employee. (see Organizational Chart).

Highlights:

- Obtained Representative Office License in HCMC which allows the project to operate fully within the law in HCMC.
- Signed Memoranda of Understanding with HCMC PAC and shared an official letter with VAAC, both of which will be extremely helpful to Abt Associates in carrying out HPI activities, leasing offices and hiring staff.
- Received equipment transferred from the Hanoi and HCMC offices of Constella Futures.

Lessons learned/constraints:

- To succeed, HPI must maintain good relationships with government agencies and the Communist Party while serving as an “honest broker” in supporting civil society organizations that are pressuring for changes the government does not always welcome. Thus, it is of utmost importance that HPI abide by and respect the legal and other requirements of the government, for example, by officially registering its presence in all locations where it has offices.

Explanation/justification where achievements exceeded/fell below target: N/A

HPI recruited GIPA program officer position in HCMC, Dr. Ngo Tri Tue (note that his SOW has been expanded to A2 and the position changed to Program Coordinator/HCMC);

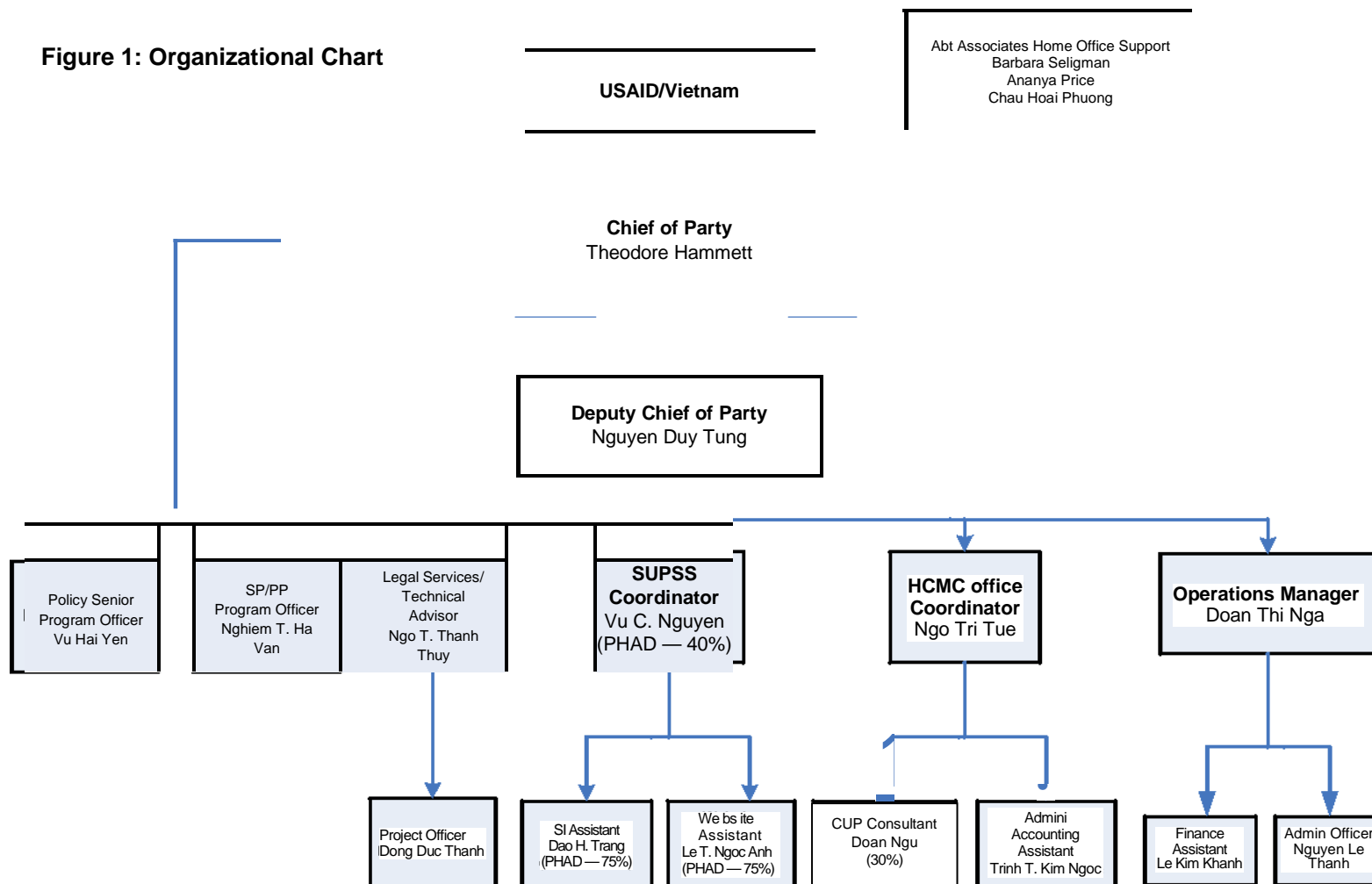
Plans for Year Two:

Division of responsibilities: In Year Two, Abt will assume lead responsibility for Task 7 (SSG capacity building) and Task 9 (PP). COHED, which previously led these Tasks, will no longer be an institutional partner on the project. HPI has developed subcontracts with new partners including the Party Commission on Education and Communication (Task 2), Ministry of Information and Communication (Task 3, Task 6), a local NGO or training institution or strong individual consultant (TBD) to work with us on SSG capacity building (Task 7), and HCMC and Hanoi provincial AIDS Associations to lead implementation of the PP(Task 9)

Staffing: HPI recruited Ms. Doan Thi Nga as its new Operation Manager, replacing Ms. Phuong who relocated to the U.S.. Ms. Nga has over 12 years' experience as Financial Manager and Office Administrator with IUCN and World Concern. Her start date with HPI was October 8, 2009. The project also obtained USAID approval to recruit two part-time collaborators from PLHA networks to work in the HCMC office and focus on task 7 and task 9 and facilitate communication with and offer technical support to the PLHA networks and groups in the South.

Figure 1 shows HPI's organization and staffing for Year Two.

Figure 1: Organizational Chart



Below, we provide more details on the activities, challenges, and plans for each task.

3. RESULT 1: ADOPTION AND IMPLEMENTATION OF NATIONAL AND LOCAL HIV/AIDS POLICIES, PLANS AND PROGRAMS BASED ON INTERNATIONAL BEST PRACTICES:

Overview: HPI completed all of its planned activities for Year One. They include: (1) harmonizing HIV/AIDS laws and policies by documenting and disseminating information on the legal and policy environment; (2) building Vietnamese leaders' capacity for policy analysis, policy making, and evidence-based program implementation; (3) assisting with evaluation of the national HIV/AIDS strategic plan and development of its successor; and (4) continuing our HIV prevention project for sexual partners of residents of and releases from 06 centers and prisons in Hanoi.

Task 1: Harmonizing HIV/AIDS law and policy

Highlights

- HPI reviewed and completed a the list of all relevant HIV/AIDS legal and policy documents and summarized key provisions of the HIV/AIDS law and the legal and policy framework for drug control in policy briefs.. We prepared different versions of the Brief on the HIV/AIDS law, for different audiences: health care providers, employers, businesses, school administrators and legal services providers. The Brief on the drug control framework focused on inconsistencies and priorities for revision of legal documents in this area so that a harmonized and enabling environment for evidence-based programs can be achieved.
- Through HPI local partners CCLPHH and PHAD provided technical input to MOLISA, MOH and MOJ for the drafting, review and revision of key legal documents. In Year One HPI focused on the following legal documents:

(*Decree on penalties for violation of the HIV/AIDS law.* HPI worked with CCLPHH and MOH legislation department on developing the decree drafts. HPI coordinated with key international organizations and civil society groups to obtain and submit comments on these drafts to MOH. HPI provided support for the CCLPHH and MOH legislation department on organizing a consultation workshop in August 2009 with participation of representatives of relevant ministries. MOH legislation reviewed all comments, some of which were reflected in the revised draft.

Decree on community and family based drug use rehabilitation. HPI coordinated the development and submission of comments on the draft decree from UNAIDS, WHO, FHI, civil society groups and other stakeholders. Based on these comments and other inputs, the MOJ addressed its recommendations to the MOLISA, which made some further changes and organized a consultant workshop in August with participants from representatives of 12 Northern provinces on the draft. MOLISA reviewed all comments and produced another revised draft. This draft has been circulated to relevant ministries for their review.

(*Decree on post-rehabilitation management:* HPI coordinated with key international organizations and civil society groups to draft and submit consensus recommendations and comments to MOJ. Based on recommendations of MOJ and Government members, the MOLISA made further changes; the MOLISA is processing finalization of this decree for approval by Government. The final decree

made by the MOLISA had small changes, but still did not sufficiently narrow the criteria for high risk for relapse – on which decisions will be based whether to keep individuals in centers for another one-two years. HPI will work with MOLISA to provide technical assistance for the circular implementing and detailing this decree with a view to incorporating improvements on center-based post-rehabilitation management.

v' *Circular on condom promotion.* VAAC is hesitant to pursue this and we are exploring the possibility of working with Ministry of Culture, Sport and Tourism (MOCST), MoPS and Government office on this circular.

v' Worked with the MOH's Health Insurance Department regarding development of legal documents and a feasibility study on ensuring that HIV/AIDS treatment would be included under health insurance coverage in Vietnam.

Lessons learned/constraints

- Decrees and the circulars that provide guidelines for their implementation are extremely important legal instruments for shaping the government of Vietnam's response to HIV/AIDS. Because of their implementation focus, they also offer a very good opportunity to introduce language regarding specific evidence-based responses.
- Development of legal documents needed to get consensus of ministries and it also depend on demands and plan of Ministries. The MOH is still considering the development of ministerial circular on condom promotion.

Box 2: Partners' diversity: strengths or weakness?

HPI's strategy for advancing evidence-based and harmonized HIV/AIDS policy calls for seeking out and where possible creating "*windows of opportunity for change*" within relevant Ministries. Our approach targets the strengths of the relevant Ministries, for example:

- Support MOJ on reviewing and revising implementing decrees under the HIV/AIDS and drug control laws.
- Share best practices and models with MOCST, MOPS/ISDS, GO to enforce and overcome hesitation on a harm reduction guidelines and condom promotion;
- Work with HCMNAPA to build leaders' capacity for policy analysis, policy making, and evidence-based program implementation
- Explore partnership with the Party Commission of Education and Communication on integration HIV/AIDS issue into regular activities of the ruling party.

- Delay in development and promulgation of the decree on post-rehabilitation management caused delay in development of related circular on post rehabilitation management.

Explanation/justification where achievements exceeded/fell below target:

- Although HPI originally proposed to disseminate the Policy Briefs at a regional workshop, we now believe dissemination can be better targeted through the following channels: the five legal clinics, the "AIDS and Community" Magazine of VAAC and VAAC, UNAIDS and relevant websites. These are official information channels of HPI, UNAIDS and VAAC. The dissemination of Policy Briefs via "AIDS and Community" Magazine is HPI' effort to advocate officially via State management agency and strengthen the relationship and collaboration with VAAC.

Plan for the next year: In Year Two HPI will

- Provide support to MOLISA through our partners CCLPHH on (1) finalization the decree on family and community based rehabilitation, and (2) development of circular on post rehabilitation management;

- Provide support to MOH through our partners CCLPHH on (1) finalization of the decree on HIV/AIDS related sanctions, and (2) development of a inter-ministerial circular on condom promotion;
- Provide support to MOJ through our partner PHAD on reviewing and revising implementing decrees and circulars under the HIV/AIDS Law and Drug Control Law; assess implementation of the current Ordinance on Prostitution Control and possible development of a successor law on this subject;
- Explore the possibility of working with MOCST, MOPS/ISDS, GO on harm reduction guidelines for the public security sectors;
- Work with Government Office, Ministry of Finance (MOF) and MOJ, as well as with FHI, Chemonics and other stakeholders on revising and drafting legal documents to create incentives and encouragement for employers to hire PLHA and MARP group members and implement HIV/AIDS programs in the workplace; and
- Revise and update Policy Briefs on the legal framework, as needed.

Task 2: Building leaders' capacity for policy analysis, policy making, and evidence-based program implementation

Highlights

- Organized five three-day HIV/AIDS policy and planning training sessions for provincial leaders¹ These training sessions included group work in which provincial delegations developed specific multi-sectoral work plans for addressing a particular identified gap in their HIV/AIDS policies or programs in terms of prevention, care and treatment, or impact mitigation;
- Provided focused technical assistance to selected provinces for implementation of the work plans developed during the March, April and July training sessions;
- Obtained agreement with HCMNAPA on new direction, training of trainers on district-level training and handover plan on the training from international to Vietnamese faculty to be carried out in 2010; and
- Worked with BU and HCMNAPA on the agenda and TOT curriculum for district-level training.

Lessons learned/constraints:

- Our experience with the training indicated the importance of greater participation by leaders of People's Committees and the Party, who have power influence in policy decisions.

Explanation/justification where achievements exceeded/fell below target:

- Pursuant to USAID's approval, the TOT for Academy and sub-Academy faculty was postponed to January 2010 to provide more time for preparation and planning. The April

¹ Da Nang March 12-14, Hue March 15-17, Tam Dao April 27-29, Binh Thuan July 9-11, and Ninh Thuan July 13-15).

ToT was re-programmed to a Policy and Planning training for 3 North West provinces (Dien Bien, Lao Cai and Son La).

Plan for the next year:

- Work with HCMNAPA, BU, and Harvard faculty to adapt the HIV/AIDS policy curriculum for TOT for district leaders and conduct a TOT in January 2010;
- Conduct one district-level training to be led by HCMNAPA faculty;
- Conduct short seminars for provincial and party leaders in Son La, where HIV incidence among IDUs has risen sharply and where there is resistance to harm reduction interventions and reliance on a highly punitive approach to drug users;
- Continue to provide follow up technical assistance to provinces that have participated in the HIV/AIDS policy and planning training to help them implement the work plans developed during that training; and
- Conduct training for editors-in-chief and journalists who have been active in covering HIV/AIDS issues.

Task 3: Assisting with evaluation of the national HIV/AIDS strategic plan

Highlights

- HPI responded to VAAC's request for assistance in evaluating the current national HIV/AIDS Strategic Plan (2010 with a vision to 2020) and developing the successor plan. HPI participated in several meetings with VAAC, and worked with VAAC, UNAIDS, FHI and other partners to define HPI's technical input and support. We coordinated a site visit by the World Bank consultant carrying out the evaluation and involved VAAC and UNAIDS staff in this visit to the Lang Son Cross-Border Project site. Evidence from Lang Son could be a valuable source to establish the effectiveness of harm reduction approaches and support provision for its scale-up in the new national strategy.
- HPI obtained approval from HCMC PAC to assist in the assessment of its Strategic Plan and development of a sustainable successor plan (2011-2015). HPI supported HCMC PAC to develop a concept paper and road-map. The concept paper was presented to a meeting with HCMC PAC, UNAIDS, CDC and WB to discuss and agree on key activities. This work is still waiting for approval from HCMC People's committee for further action.
- HPI provided a training course on Resource Needs Estimation to VAAC staff together with PAC staff of seven PEPFAR and three North West provinces (see Result 3, Task 2).

Lessons learned/constraints:

- UNAIDS, FHI, other international agencies and the HPI core group have met with VAAC several times to discuss its approach for overall Strategy evaluation and development of Strategy 2011-2015; however the approach remains unclear from the VAAC side. We have discussed with VAAC that its decision on 2015 framework and key objectives is a critical step to do resource need estimation for implementation of the new strategy. HPI strongly recommends that PEPFAR/USAID address this issue

with VAAC Director-General Dr. Nguyen Thanh Long.

- Lack of human resources at VAAC to carry out this important task.

Explanation/justification where achievements exceeded/fell below

target: N/A Plan for the next year

HPI will contribute to the two important strategy documents in Year Two, the (i) National HIV/AIDS strategy to 2010 and its successor; and (ii) the HCMC HIV/AIDS action plan and its successor.

- **National HIV/AIDS Strategy:** In coordination with UNAIDS, FHI, WHO, and other stakeholders, the HPI team will support VAAC in developing the successor plan, provide technical input and support on several components, including estimation of resource needs for implementation of the new Strategy to 2015 and impact evaluation of harm reduction programs; and inclusion of key prevention interventions. HPI will present data from the Lang Son project in accessible formats to encourage its use in evaluation of the National Strategy. HPI will provide technical support to conduct cost analysis and/or cost effectiveness studies in support of the new strategy.. The results could be used to help VAAC and the government of Vietnam to make decisions regarding the revised National HIV/AIDS Prevention Strategy.
- **HCMC Action Plan:** HPI will support HCMC PAC in its evaluation of the current HIV/AIDS action plan and development of the successor plan, emphasizing the use of timely and accurate data for evidence-based decision making and translating the results of A2 into real policies, programs, and resource allocations. HPI will provide capacity building to key PAC officials to work on this task.

Task 4: IDU Sexual Partners

Highlights

- January 1, 2009, the Sexual Partners component, originally funded by PACT Vietnam, was merged into HPI. HPI continues to collaborate with ISDS in implementation to target in four districts of Hanoi (Dong Da, Hoang Mai, Long Bien and Hai Ba Trung) to reduce HIV risks for primary sexual partners of former and current residents in 06 centers/prisons. The intervention includes peer outreach activities (individual counseling, regular meetings/discussions on shared experience and topics of interest such as reproductive health, husbands' drug use and relapse, violence in the family, alternative substance abuse treatment such as methadone); HIV/AIDS services (VCT, OPC,STIs, PMTCT) referrals. HPI helped establish women's clubs offering counseling, informational materials, and gathering places for discussions. Beginning in the 4th quarter of Year One, the project mobilized outside support to provide mobile VCT and STIs check ups at the women's clubs.
- Twenty peer educators worked closely with more than 1,506 clients reached during the last year, provided 12,993 client contacts, and 3,476 service referrals. To better serve clients, peer educators gather on a monthly basis to review the preceding month's activities, share experiences and difficulties, and learn to solve problems. In March and April 2009, peer educators were provided with refresher training in group discussion facilitation which greatly helped them in organizing regular clients' meetings. A sharing experience workshop for peer educators working with primary sexual partners of IDUs in

Ha Giang, Lang Son and Hanoi organized in May 2009 provided a welcome opportunity for peer educators to enrich their knowledge and skills to improve their services to clients. An all-day training on STIs and reproductive health was provided to our peer educators in July, 2009. Unique BCC materials for our project were developed to provide HIV/AIDS information and risk reduction messages specifically for our target population.

- Within the network of clients, small self-help groups emerged to provide mutual support to each other's daily life and carry out community based activities. In Hai Ba Trung, a community group called *Returning Home* was established to provide communication sessions in 06 centers during June and September. Several clients also in Hai Ba Trung formed a business group to learn from each other how to operate a good business or get a good job. Based on the need of the clients and the capacity to raise funds, microfinance was initiated during the 4th quarter. We will follow the outcomes of this activity and expand it if it proves efficacious.
- After 12 months of interventions, we implemented a follow up survey in June-July 2009. The findings from the baseline survey were disseminated in a presentation at the International Congress on AIDS in Asia and the Pacific in August and at the HIV TWG in Hanoi in September. Also, frequent reports on condom use are collected at monthly meetings to track client's safer sex practice. In the mid-term review meeting in September, we provided consolidated results on the intervention for the last months and some analysis from both surveys and reported on condom use patterns to inform adjustments to the interventions. Additionally, we have a paper on the baseline survey under review by the international peer-reviewed journal *AIDS Care*.

Lessons learned/constraints

- The program lost a number of clients over the implementation period due to changes in residence and family obstacles. Supervisors and peer educators are now more alert to factors that may cause drop out, and try to address them promptly.
- The success of the program absolutely depends on close collaboration and support from the local stakeholders including women's union (especially true for Long Bien and Hoang Mai districts), and the Department of Social Evils Prevention.

Explanation/justification where achievements exceeded/fell below target:

N/A Plan for the next year

- HPI will continue implementing the Hanoi program, serving 1,500 individual clients; offering full range of HIV/AIDS services; mobilize safer sex practice with additional evidence-based risk reduction options besides the difficult-to-achieve consistent condom use; and further develop self-help groups.
- HPI will expand communication sessions in 06 centers, and further develop self-help resources for SP groups.
- SP represent a seriously under-served group in the fight against HIV/AIDS in Vietnam. HPI will lead the development of an advocacy paper to focus greater attention and resources on serving this epidemiological vital yet neglected group
- Twenty-four month follow up survey to be conducted in June-July 2010

- If expansion of the program is approved for implementation in FY2011, HPI will identify local partners and design the SP interventions for HCMC beginning in the 3rd quarter of Year Two.

4. RESULT 2: STRENGTHENING AND SUPPORT FOR EFFECTIVE PUBLIC SECTOR AND CIVIL SOCIETY ADVOCATES AND NETWORKS TO ASSUME LEADERSHIP IN THE POLICY PROCESS

Overview: HPI completed five tasks in Year One: (1) It conducted a needs assessment and mapping of SSGs to identify gaps in capacity; (2) It provided information and assistance to SSGs on the framework and options for legal registration; (3) It built the capacity of civil society organizations such as PLHA groups and MARP-based NGOs; (4) It provided quality legal assistance to PLHAs, OVCs, and MARPs; and (5) It mobilized the private sector to respond to HIV/AIDS. The completion of the task 1 in the early stage of the first year paved the way for implementing task 3, which commenced in the 3rd quarter. Task 4 is an on-going component that includes the smooth operation of the five legal clinics that provide services to PLHA and their families. While tasks 2 and 5 were slow to start, good progress was made in the 4th quarter 4 on these two tasks.

Following are significant outputs in Year One.

Task 1: Needs assessment and mapping of SSGs

Highlights

- In March 2009, HPI completed a mapping of 176 SSGs working on HIV/AIDS nationwide. This was followed by a need assessment, which was conducted with all 122 SSGs in seven PEPFAR provinces. Key findings from the assessment included: the lack of information and guidance for legal registration; overlap in trainings provided to SSGs; the lack of follow-up on application of the trained skills; and the lack of group management skills and skills for group “survival.”
- HPI convened two meetings with stakeholders including CARE, UNAIDS, Pact, VNP+, ISDS and FHI to share the SSG need assessment results. Based on these findings and discussions, HPI carried out the following activities:
 - v' Developed an “SSG capacity building and development” strategy. The strategy is described in the next section under Task 2. The training topics in Year One focused on management skills, group planning, communication, conflict solving skills, developing group mission statements, meeting facilitation, and group development plan;
 - v' Confirmed the need for a practical legal handbook for legal registration of SSGs;
 - v' Initiated an effort to improve coordination among stakeholders that are involved in capacity building for PLHA network;
 - v' Designed a training program for the SSGs and conducted initial trainings. The initial training is a three-day training program comprising of skill building as well as carrying out a self assessment and developing an action plan for group development; and
 - v' Designed a plan for providing technical support and on-site supervision, following the trainings.

Lessons learned/constraints:

- Through the SSG assessment and coordination with stakeholders, HPI was able to initiate the “SSG capacity building and development” strategy (see diagram below) which provided a common road-map for SSGs and an opportunity to improve cooperation and coordination among the PEPFAR partners.

Explanation/justification where achievements exceeded/fell below target:

N/A Plan for the next year: N/A since this task ended

Task 2: Capacity building for SSGs

Highlights

- The figure 2 below presents HPI's strategy for building the capacity of the SSGs. It is a three tiered approach, comprising of basic, intermediate and advanced trainings for the participating SSGs

Figure 2. Strategy for SSG Capacity Building and Development



- In the 4th quarter, HPI selected 91 management members from 32 SSGs in seven PEPFAR provinces out of a total of 127 applicants from the 54 SSGs that applied for the initial training. The selection was based on specific criteria such as the whether the group has been in existence more than two years and had more than 15 regular group members. To be selected, the majority of the management board members should have completed an application to participate in the SSG training.

- In September 2009, the initial trainings were conducted in HCMC, Ha Noi, and Hai Phong. Eight-five participants from seven PEPFAR provinces participated in these sessions. As part of the training, HPI staff helped the participants of each group with the use of the tool for assessing the development stage of their group. Based on the results, HPI staff assisted the groups with developing a one-year action plan for the organization consistent with the framework shown in Figure 2. By the end of the training, 32 action plans had been developed. HPI will supervise and support the implementation of these action plans in Year Two.
- Fifteen of the 32 SSGs that participated in this training expressed their interest in securing legal registration in the future.

Lessons learned/constraints

- Capacity building is often understood as conducting trainings in areas that need strengthening. However, through the SSG assessment, HPI saw the need for providing supervision/coaching beyond just conducting the trainings. HPI participated in discussion with members of each group to analyze their needs for the future. Based on these discussions, HPI assisted with the development of action plans for each group and this action plan will be used as a tool for providing proper technical support and monitoring the improvements made by each group.
- On the other hand, collaboration among PEPFAR partners for SSG capacity building presented certain challenges at the implementation level. This was due to the fact that other projects prior to HPI had their own objectives, targeted to a certain groups, and approached capacity building in different ways.

Explanation/justification where achievements exceeded/fell below target:

- The regional workshops on SSG assessment findings were not conducted as planned. The objective of these workshops was to present the assessment findings, which were relevant for obtaining legal status by the SSGs and to introduce the legal handbook developed by UNAIDS. However, the development of the legal handbook was delayed to allow consensus on the approach among UNAIDS, Abt Associates and COHED. HPI and UNAIDS agreed to conduct the workshops later, but convened the meetings with relevant stakeholders for sharing assessment findings and getting their inputs for capacity building strategy.
- The pilot seed grant model for an emergent MARP NGO was planned for the 4th quarter of Year One. However, it was not implemented as HPI is continuing with the SSG capacity building process. Upon its completion, HPI will identify potentially successful groups to receive grants. The provision of seed grants to these groups will be more significant.

Box 3: Sustainable SSG approach

Capacity building of the SSGs focuses on making them self sufficient and able to operate effectively to meet their targets. HPI approaches this capacity building through training, and mentoring SSGs to develop organizational governance policies and action plans. HPI also encourages SSGs to build sustainable partnerships with the government programs (this is defined as one of the indicators in the self-assessment tool). In addition, HPI is helping the interested SSGs with the legal registration process so that they have their own legal identity and enjoy the protection it affords.

Plan for the next year

HPI will continue to provide on site support and supervision to ensure that the groups are implementing their action plans effectively to meet their targets.

- In the first half of Year 2, HPI will focus on providing technical support to each group and ensuring that groups are using the skills learnt at the training, implementing their action plans and adhering to their financial and administration regulations. HPI will select 20 groups (most of them will be among the 32 groups trained in the first round) for the intermediate level training. The selection of these groups will be based on certain criteria and in order to be eligible for this next level, groups must demonstrate that they are using the skills acquired in the the first training in an effective manner. The criterion for selection will include the full participation of management members in the initial training; completing the development of the group's rules and procedures in the first half year; and good progress in completion of activities set out in their action plans. HPI will retain an appropriate consultant to work closely with HPI staff during this phase.
- In the second half of Year Two, HPI will provide trainings on financial management, resource mobilization, and proposal writing to the 20 selected SSGs. To provide these trainings, HPI will work closely with an experienced consultant/organization.
- HPI will also coordinate with interested stakeholders in SSG capacity building to provide the trainings and follow-up that address identified gaps and needs, and explore possibilities for joint sponsorship and conduct of training with other partners.

Task 3: Assistance and information for SSGs on legal registration

Highlights

- HPI coordinated with UNAIDS to develop a handbook/manual of options for obtaining legal registration. In August 2009, UNAIDS and HPI agreed that HPI would take the lead on the drafting of the manual with technical input from UNAIDS;
- The handbook summarizes the legal documents governing each option for registration and presents the requirements of each in clear step-by-step fashion, with flow-chart diagrams. It identifies the pros and cons of each approach for different types of groups. The key information about each option is summarized in a matrix. Case studies of organizations attaining legal registration are also presented in the handbook; and
- HPI integrated information on legal registration options into the SSG training and sought SSGs' feedback on the structure and content of the handbook using brief questionnaires. By the end of Year One, the draft handbook had been circulated for the third/final round for recommendations.

Lessons learned/constraints

- The handbook/ manual of options for obtaining legal registration is necessary and should be helpful for SSGs and PLHA groups. Therefore, information in this handbook needs to be based on their needs. Initial information provided in this handbook and the quick survey through questionnaires on the structure of the handbook was very important and helpful for HPI to ensure that the handbook does indeed meet the needs of SSG and PLHA groups.

Explanation/justification where achievements exceeded/fell below target: N/A

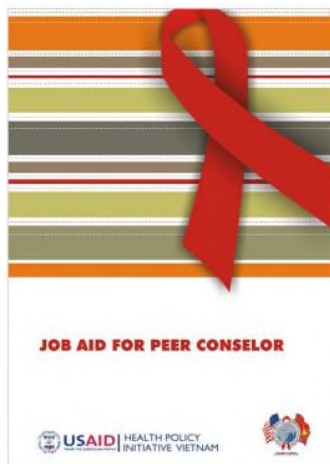
Plan for the next year

- Work with UNAIDS and stakeholders to finalize the legal registration handbook; and
- Once completed and approved, the handbook/manual will be widely disseminated by UNAIDS and HPI. HPI will coordinate with UNAIDS to conduct a dissemination workshop with registration agencies and other relevant organizations. HPI will disseminate the handbook widely and promote it in all activities and events involving SSGs and other potentially interested groups.

Task 4: Provide legal assistance to PLHAs, OVCs, and MARPs

Highlights

- In February and March 2009, HPI conducted an assessment to explore the operations and the quality of the service provided to PLHAs by the five legal clinics. Findings from this assessment revealed that while the legal clinics had a standard procedure manual, the staff was not fully familiar with the manual and did not comply with the guidance it provided. Moreover, the services provided by the clinics were not reaching potential clients in the health services and rehabilitation centers. Following completion of the assessment, a three day participatory planning workshop was held with the five legal clinics in April. At this meeting, each clinic developed an action plan to address the identified weaknesses and needs.



- HPI developed job aids for the lawyers and peer counselors working at the legal clinics. The job aids were based on the guidance provided in the manual and supplemented with instructions on quality assurance. The lawyers and peer counselors were also trained on how to use these job aids effectively to help them with their daily job responsibilities.
- HPI worked with an experienced HIV/AIDS lawyer to develop a refresher training program for all legal clinic staff conducted in July 2009 for staff from each of the five legal clinics. It focused on building staff capacity regarding operational procedures and legal knowledge for providing legal aid. As part of these refresher trainings, case studies on some of the PLHAs' common legal problems were developed for legal aid practice by the staff of these clinics. This helped assess the legal knowledge of the staff regarding some of these common legal issues and also provided them with a unique opportunity to discuss with the lawyer the different legal options available for each situation, thereby enhancing their knowledge on legal issues.

- In addition, HPI provided the legal clinics with a CD containing all relevant legal documents for the staff's reference while delivering legal services.
- A referral coupon has also been developed for use in all five legal clinics together with a system of referring cases that are not eligible for HIV/AIDS legal service to other appropriate services.

- In the 4th quarter, a supervision checklist was introduced during supervision visits to the legal clinics. HPI staff empowered the staff working at the legal clinic to assess the service quality, identify problems, suggest solutions, and make an improvement plan for next quarter (similar to the techniques used for SSG capacity building). At the end of September 2009, HPI conducted confidential phone interviews with the former clients to see how satisfied they were after receiving the legal aid services. Based on the monthly report in which cases are presented under client codes, HPI staff proposed five or six interesting cases from each of five legal clinics for conducting confidential interviews regarding services received. The lawyer and peer counselor of each legal clinic then contacted the clients to get their informed consent and set up a date for interview. Feedback from the supervision visits and client interviews will be used for continued improvement of the legal services provided by HPI.
- There was a significant improvement in both the quantity and quality of legal service provided by the clinics in the last three months of Year One. In general, there has been an improvement in operational procedures; staff have felt more confident in carrying out their routine work; the referral network among HIV/AIDS related services is being used by provision of referral coupons to clients; and the number of properly screened clients served by each legal clinic is increasing.

The data on legal services from Year 1 is presented below:

Table 1: Clients reached by legal clinics in year One

Location	New Client	Client Visits	< Age 18	Legal Aid*	Related HIV/AIDS Legal Counseling**
Hotline Ha	1550	1566	27	90	119
Noi Hai	557	601	91	149	209
Phong	175	178	59	70	97
Quang Ninh	169	202	41	102	119
HCMC An	164	228	11	91	112
Giang	178	212	29	88	96
Total	2793	2987	258	590	752

* Legal aid provided beyond legal counseling to clients, including accompanying the client for mediation or supporting the client to write a petition.

** HIV/AIDS related Legal counseling provides the client in need with an understanding on HIV/AIDS legal information and problem solving solutions. Other HIV/AIDS unrelated legal counseling and referral are not included in this table (clients looked for address of ARV/ VCT services or asked if HIV could be transmitted through public contacts).

Table 1 shows that in the 1st year, the five legal clinics, including the hotline, received a total of 2987 client visits, and served 2,793 new clients. Only 258 clients (less than 10%) were under 18 years old. The clinics need to do a better job reaching younger clients and OVCs. Furthermore, the percentage of clients receiving actual legal assistance remained fairly small (21%). Screening of clients improved during the year, so this percentage should increase in year 2.

Figure 3 below shows that in most of the clinics the numbers of new clients increased over the course of the year.

Figure 3: New clients reached by legal clinics through quarters in year One

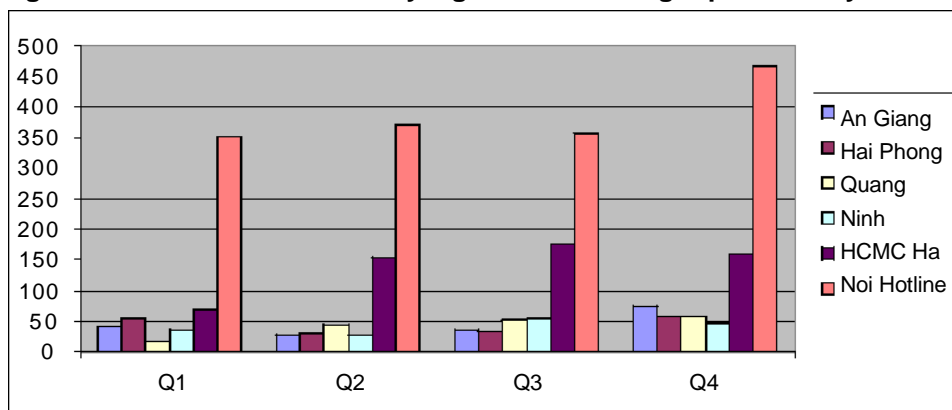


Table 2: Clients reached through mobile legal dissemination in Year One

	Ha Noi	Hai Phong	Quang Ninh	HCMC	An Giang
Q1	80	101	370	235	10
Q2	33	35	98	40	35
Q3	53	35	238	237	159
Q4	130	365	464	774	259

There was a fluctuation among the numbers of the individuals reached by the mobile legal aid teams. The decrease in this number in quarter 2 and 3 was a result of several factors: the Tet holiday and reduced activity during the period of re-planning. In quarters 3 and 4, after all legal clinics received their funds, revised work plans had been developed, and the staff had been invigorated by the refresher trainings. In these quarters, the mobile teams became much more active. During the 3rd and 4th quarters, the mobile team from the five legal clinics reached a total of 2,713 people. Most of the target audiences were PLHA and their family members. A large portion was also the commune authorities, health providers and students. In particular, the mobile teams from Quang Ninh, Hai Phong and An Giang reached 404 residents in the prisons and rehabilitation centers for legal dissemination and legal aid.

The majority of the clients in all the five legal clinics expressed that they learnt about these clinics through peer counselors or were referred to the clinics, by OPCs, or VCTs. Apart from these sources, the mass media were also effective in informing people about the clinics and the legal services they provide. The Hanoi legal clinic held two HIV/AIDS forums on national television in the 4th quarter.

Lessons learned/constraints

- One of the most challenging issues the legal clinics faced in Year One was staffing. A number of lawyers/jurists on the staff of these clinics are close to retiring and often are unable to keep up with the advances being made in the legal arena with regard to HIV/AIDS. In some cases, these lawyers/jurists worked for both the legal clinics and the Lawyers Association, and hence had limited time to devote to the legal clinics. Similarly, the peer counselors worked part time at the legal clinic, spending the rest of their time working on other projects. Another challenge with the peer counselors was that they were often on sick leave due to their own health status or left the legal clinics for higher paid jobs.

- Given these staffing constraints, HPI is working with the legal clinics to adopt a staffing policy that includes young lawyers with updated knowledge of HIV/AIDS legal issues as well as some full-time staff on board to meet the needs of the clients at all times

Explanation/justification where achievements exceeded/fell below target:

- In general, the achievements were on target regarding the number of individuals served with HIV/AIDS-related legal services and the number of individuals trained to provide HIV-related services.
- The number of individuals reached through mobile legal clinics exceeded expectations in Year One (2713 reached /1500 expected). Some reasons for this are mentioned above. An additional reason was that most of the legal clinics when conducting the mobile sessions made an effort in seeking out potential clients among PLHA communities and the MARPS.
- The number of OVCs served by the OVC programs was less than expected (258/450 expected for a full year). This may reflect ineffective outreach and publicity of services for this group, which we have already moved to improve. In addition, however, clinic reports may underreport services provided to OVCs. There was some confusion among the legal clinic staff regarding counting of such clients. It was easier for them to count when the client had a clear problem that directly affected children such as admission to schools, or losing parental care, but it was more difficult when the client had an HIV/AIDS legal problem that was not directly related to the children but still could have affected the children. Some staff counted all the children of this client within the OVC category, while some others did not, resulting in miscalculations regarding the number of OVCs served. Going forward, the criteria for counting OVC clients has been clarified by HPI staff.

Plan for the next year

- Strengthen staff capacity;
- Continue to improve promotion of legal clinic services in the community;
- Improve screening to increase numbers of clients who need HIV/AIDS legal services;
- Upgrade facilities;
- Continue to build and maintain referral networks;
- Monitoring and quality assurance; and
- Sustainable expansion to Nghe An, building HIV/AIDS-related legal services into existing general legal aid centers operated by provincial lawyers association and Ministry of Justice.

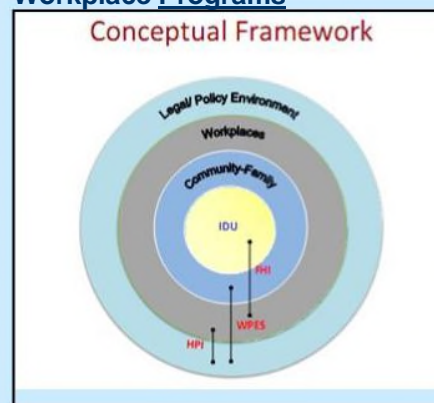
Task 5: Mobilize the private sector to respond to HIV/AIDS

Highlights

- HPI coordinated with FHI and the Chemonics/ Work place project in Vietnam (WPES) and UNAIDS on corporate' HIV/AIDS policies and FHI's job training and placement program for recovering IDUs in Haiphong and HCMC. The conceptual framework below describes the FHI-Chemonics-HPI agreement on our cooperation.

- HPI reviewed and documented best practice in HIV/AIDS workplace policies and programs and identified constraints related to tax policies and incentives for hiring PLHA and MARPs and implementing HIV/AIDS programs in the workplace.
- The project collaborated with Government Office and UNAIDS, FHI and Chemonics to organize a corporate policies workshop in Quang Ninh (September 26-27 2009) chaired by DPM Truong Vinh Trong. International experts, including HPI COP, presented at the workshop and made recommendations on tax exemption and credit policies. These recommendations were also submitted to Government Office for their consideration for Government's directions.

Figure 4. Conceptual Framework for Supporting HIV/AIDS Workplace Programs



Lessons learned/constraints: N/A

Explanation/justification where achievements exceeded/fell below target:

N/A Plan for the next year

- Continue to coordinate with FHI, Chemonics and PHAD to develop legal documents or guidelines on tax policies for companies that hire PLHA and MARPs and provide support to the implementation of HIV/AIDS programs in the workplace; follow-up with the Government Office on the DPM's requirements and work with, provide technical assistance to relevant ministries;
- HPI will consider whether the best approach would be an inter-ministerial circular between MOLISA and the Ministry of Finance clarifying the provisions of the existing tax law or a Decision of the Prime Minister; and
- HPI will also explore the possibility of working with VCCI on the development of corporate social responsibility programs, which would work through employers would build support for hiring of PLHA and MARPs, as well as of other investments in HIV/AIDS programs.

5. RESULT 3: DEVELOPMENT AND DEPLOYMENT OF TIMELY AND ACCURATE DATA FOR EVIDENCE-BASED DECISION MAKING:

Overview:

Under this Result, HPI has completed four main tasks: (1a) 100% Condom Use Program (CUP) in An Giang; (1b) Positive Prevention; (2) A2 and GOALS models in Hai Phong; and (3) Mobilize evidence for policy changes, program implementation and scale-up.

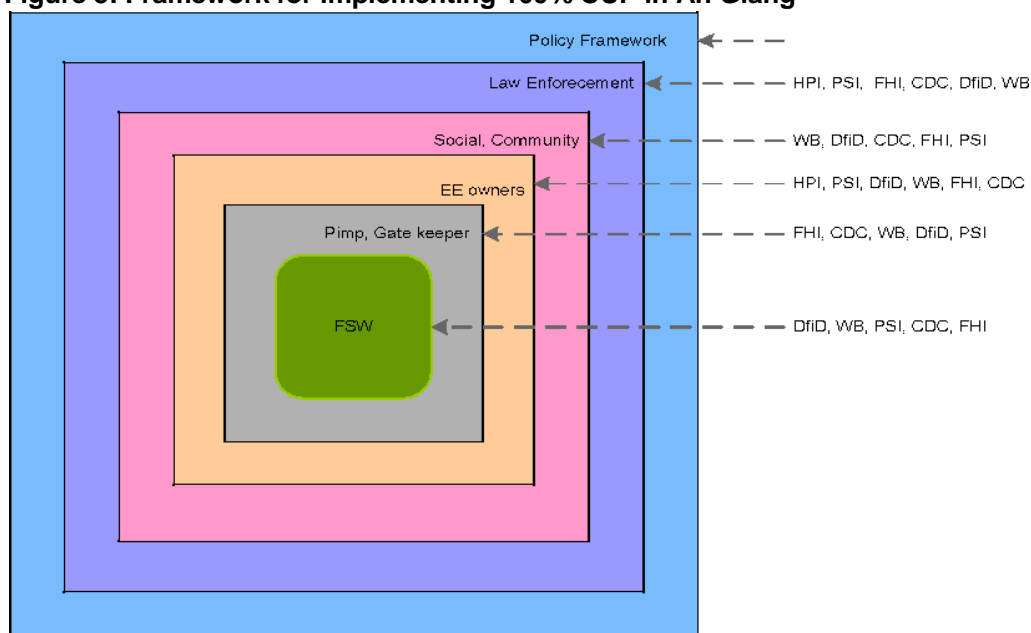
Task 1a: 100%CUP

Highlights

In quarter 1, HPI reviewed the assessment report on rural sex workers in Chau Phu district, An Giang that was received from Constella Futures. On December 17, 2008 HPI participated in the mission led by USAID Senior Technical Advisor, John Eyres to discuss with An Giang PATC, FHI, PSI and other stakeholders on the possible design and implementation of a 100% CUP in An Giang. Stakeholders agreed that the Constella Futures' proposed condom program in An Giang does not represent a 100% CUP and decided to move ahead with a "classic" 100% CUP instead.

HPI then recommended the implementation of a classic 100% CUP in An Giang as described in the logical framework below. HPI's role will be to provide technical support for the legal and policy framework for this intervention. This proposal has been distributed among PEPFAR partners, comments and feedback were received from all partners especially PSI and USAID technical staffs and the final proposal received concurrence from USAID in March 2009.

Figure 5: Framework for implementing 100% CUP in An Giang



Key achievements:

- Obtained the official approval from An Giang People's Committee (official letter 1447/UBND-VX dated 24th April 2009) to implement the 100% CUP in An Giang. An Giang AIDS Association is HPI's local partner to implement 100% CUP in An Giang.
- Organized the policy/launching workshop on May 8 with participation from PEPFAR partners and all local authorities of Long Xuyen city and Chau Doc town. This workshop led to the approval of the policy paper on 100% CUP by the An Giang People's Committee (Decision 1156/QD-UBND dated 2nd June 2009).
- Organized the CUP Advisory Board including key staff from DOPS, DOLISA, Department of Culture, Sport and Tourism., PATC and AG-AA (June 2009).

- Organized two district policy workshops co-chaired by district People's Committees, provincial/district public security, PATC and AG-AA with 254 Entertainment Establishment (EE) owners in Long Xuyen and Chau Doc (July 2009). Written Commitment has been signed by EEs' owners at two sites after these workshops;
- Developed the reporting system for inputs and output monitoring. Completed the list of 159 EEs in Long Xuyen and 127 in Chau Doc that have been monitored by communal police since August 2009 on monthly basis. Conducted 03 multi-sectoral (Public Security, Other sectors, AG-AA) monitoring trips to 78 EEs in Long Xuyen city and Chau Doc town.

Lessons learned/constraints:

- It is quite challenging for EE owners and DOPS Staff to think and act as public health workers especially since, in the past, condom possession might be considered as evidence of having commercial/illegal sex in the EEs;
- Many public security staff especially in Chau Doc still hesitate to ensure condom availability at massage and karaoke venues. Therefore, a follow-up training for public security staff (from 15 communes, two or three key staff each commune) will be prepared and organized by An Giang-AA, PATC, provincial public security leaders, district people's committee leaders and HPI;
- From HPI mapping information and monitoring data, we learnt that condoms were not available at about 20% of EEs and many EE staff had not been trained on HIV and/or received STI services. To address this, a coordination meeting with FHI, CDC, PSI scheduled for November 5, 2009 with HPI and PATC support. At this meeting, stakeholders will compare mappings, discuss challenges and agree on solutions such as PSI marketing staff delivering condoms to EEs that do not have and/or have run out of condoms; FHI outreach workers meeting with EEs owners to discuss HIV training for EE staff.

Box 4: 100% CUP

- HPI's role is to provide technical support for the legal and policy framework for CUP intervention, not to deliver direct services, which is being done by other partners including FHI and PSI.
- Local political commitment is a must and active participation from public security sector, health sector and EE owners is the key for CUP.
- This may be the first time in Vietnam that public security representatives publically addressed strong requirement to all EE owners that condoms must be available in all EE, all EE staff should be able to teach others how to use condoms, all EE staff should be supported to attend AIDS education session/ life skill training and should have access to regular STI check-ups.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for the next year

- Provide refresh training for police officers on the 100% CUP policy, special attention will be given to Chau Doc police;
- Organize coordination meeting with FHI, CDC, PSI and PATC.
- Organize follow-up/warm-up meetings with EE owners;
- Bring An Giang experiences to discussion with MOH, MOPS, MOLISA, MOCST, Government Office on appropriate decree and circular, guidelines.
- Prepare a policy brief presenting key lessons learnt and experiences from An Giang to share with other provinces and use as reference for the new national strategic plan.

Task 1b: Positive prevention (PP)

Highlights

- Having referenced Constella Futures and other NGOs' activities on PP and based on the results from the SSG assessment, HPI considered Constella Futures' model and other partner peer education models and their advantages, disadvantages, quality assurance and sustainability. Based on this process, HPI will pilot and compare the effectiveness of two separate approaches for reaching HIV-positive people. The figure below shows these two approaches. One approach is that in Hai Phong and An Giang 18 core trainers from PLHA networks in each province will be trained and deployed to provide individual and group risk reduction counseling and condom provision. These core trainers will receive some monitoring and technical support from the PACs and HPI and will collect process data on their activities, but will not be paid salaries. The other approach involves training six core collaborators in Hanoi and HCMC respectively. These core collaborators will essentially carry out the same activities as the core trainers, but these collaborators will receive monthly compensation and tight supervision from HPI's implementing partners, the AIDS Associations. All of these collaborators and core trainers are peer educators in that they come from the target populations for the interventions. The cost of the core collaborator model is approximately twice that of the core trainer model – about \$US13,000 vs. \$US6,500 per year.
- In September 2009, in collaboration with COHED, HPI finalized the PP manual and provided the training for the core collaborators and core trainers.
- The peer educators are equipped with working tools consisting of 10 case studies for Positive Prevention. Along with those are BCC materials including facilitator guides, case studies for participants and small cards with key risk reduction messages to be delivered to the clients.
- In year 1, PP was subcontracted to COHED. However, this component will be directly managed by HPI staff in year 2, to reduce the administrative and management cost. In addition, COHED has withdrawn as an HPI partner because of shortages in staff availability to commit to the project. HPI established good linkage with local partners for PP in the provinces. We completed agreement with Hanoi HIV/AIDS Association, Ho Chi Minh HIV/AIDS Association, Hai Phong PAC/PLHA network, and An Giang PATC/PLHA network. Also, we recruited and trained focal point persons in each province to ensure smooth progress, data/indicator collection and technical assistance onsite for the core collaborators and core trainers.

The figure below summarizes the two approaches in HPI's PP plan.

Figure 6:

HPI's two Approaches to PP

- **Approach 1:** employ an existing network of 8 PLHA Core Collaborators (CCs) in Hanoi and HCMC.
 - CCs receive 1M VND/mo stipend;
 - Contribute a significant amount of time to PP work;
 - Receive training;
 - Carry out individual outreach and counseling and facilitate group discussions in SSGs/other settings on key topics using guidance and stories in PP manual; distribute condoms; provide referrals;
 - CCs will be managed by HPI and submit monthly monitoring data.
- **Approach 2:** employ a network of 33 volunteer PLHA Core Trainers (CTs) representing all SSGs in Hai Phong and An Giang.
 - CTs will on a voluntary basis – no stipend;
 - Commit less time than CCs, but still perform significant PP work;
 - Receive training;
 - Carry out individual outreach and counseling and facilitate group discussions in SSGs/other settings on key topics using guidance and stories in PP manual; distribute condoms; provide referrals;
 - CTs will receive no ongoing management, but will receive limited technical support from HPI and submit monthly monitoring data.

The dual approach strategy allows assessment of the relative effectiveness (and cost-effectiveness) of each approach (stipend and volunteer), and ensures that, at minimum, one strong and effective Positive Prevention program will be in place.



Lessons learned/constraints

- Working in large provinces such as Hai Phong and An Giang presents transportation challenges and traveling from one place to another is time consuming.
- The peer educators are best supported by the provision of working tools, for example, case studies for PP and references summarizing key risk-reduction messages that can be provided to clients.

Explanation/justification where achievements exceeded/fell below target:

N/A Plan for the next year:

- Provide frequent and consistent technical support to core collaborators/core trainers to establish a strong network of PP peer educators in each province;
- Provide refresher trainings to consolidate and enrich the knowledge and skills of peer educators;
- Evaluate the two approaches to select the appropriate one to be scaled up based on relative effectiveness in reaching and providing HIV/AIDS prevention services to the target populations. Both approaches are of modest cost but sustainability may be enhanced if the less expensive core trainer approach proves equally or more effective than the more expensive core collaborator model; and
- Work closely with local stakeholders and other organizations including NGOs and PACs to promote buy-in for PP interventions via meetings, seminars.
- Design and plan for outcome evaluation of the PP program in FY2011.

Task 2: Analysis and Advocacy (A2)

Highlights

- Organized A2 technical team including Dr. Ngo Tri Tue, Dr. Nguyen Duy Tung (HPI), Dr. Luu Nguyen Hung (Consultant), Dr. Vu Cong Nguyen and Ms. Dao Huyen Trang (PHAD). Worked with Hai Phong PAC to nominate a core team in Hai Phong to collect Hai Phong input data in A2 and GOALS Model.
- Organized two short-training courses for PHAD staff and Hai Phong core team in A2 & GOALS Model, especially Resource Needs Model (RNM).
- Simplified RNM to make it suitable for Hai Phong's context and collected Hai Phong A2 and GOALS data from the local, national and international organizations such as: Hai Phong Provincial AIDS Center, Hai Phong Women's Union, General Statistics Office, Global Fund, Life-Gap and other agencies.
- Conducted a three days training on Resource Needs Model (simplified version), which was co-financed and technically supported by FHI, UNAIDS and HPI Vietnam. In attendance were 25 core staff from seven current PEPFAR focus provinces as well as Lao Cai, Son La, Dien Bien and VAAC.
- Conducted three half-day meetings with Hai Phong PAC Director to unify data and resources used in Resource Needs Model.
- Produced a draft RNM Technical Report. The report comprised descriptions of A2, GOALS Model and RNM, input data, sources of data. Data validation discussion. Achieved the agreement of Hai Phong PAC and partners on data to be used in A2, GOALS, and RNM.

Lessons learned/constraints:

- Incorporating bilingual (Vietnamese and English) material in the GOALS Model to makes it more user-friendly for PHAD and PAC staffs.
- HPI will explore technical assistance from East-West Center and author of GOALS at Futures Institute in Year Two.

Explanation/justification where achievements exceeded/fell below target:

- Complexity of inputting data for ARV and OI components resulted in a three-month delay in completion of the GOALS Model in Haiphong.
- Coordinating with FHI and UNAIDS, HPI was able to provide capacity building to PAC staffs on GOALS Model from 10 provinces instead of two. With HPI ongoing support, 2 provinces have started to use this model in HIV planning.
- Due to the complexity of data inputs and availability of 2nd round of IBBS data late this year, FHI proposed delaying the AEM-GOAL interlink to second quarter of FY2010.

Plan for the next year:

- Cooperate with FHI to complete Haiphong data used in the last component of A2 and GOALS (care-support and treatment modules);
- Complete the technical report as a reference document for HPI core team, Haiphong PAC and Haiphong People's Committee;
- Implement consensus meeting with Haiphong People's Committee and some international organizations providing data for GOALS Model to agree on the data for RNM, especially the sensitive data used in MARPs size estimation, before officially applying RNM to HIV/AIDS intervention plans in Haiphong;
- Work with East-West Center and author of GOALS at Futures Institute to further simplify A2 and GOALS Model;
- Collaborate with other international and local partners and VAAC to advocate for the use of available data to formulate appropriate responses to and resource allocation for HIV/AIDS.

Task 3: Mobilize evidence for policy changes/program adoptions/scale up (review HIV resource mapping, online library and data repository/VAAC website)

Highlights

- Upgrade VAAC's website:
 - (Obtained VAAC' agreement to upgrade VAAC website to host HIV/AIDS related data and documents, to serve as good resource for policy makers, program managers and journalists.
 - (The new upgraded website is now in the testing phase. It is expected to be tested for a few months before being officially launched and replacing the old website. In the new website, additional tabs and functions were introduced (e.g. publications/data, FAQ). In order to share the information with the international community, the English version of the web will also be revised since the information currently in this section is very limited;
 - (A series of training courses on using and managing the website have been provided to staff of VAAC staff and PHAD/HPI;
- Reviewed HIV/AIDS resource mapping studies, participated in preparation of UNGASS 2010 report. HPI recommended an agreement between UNAIDS and VAAC on the financial reporting form (just one report form, but data can be used in both VAAC report and UNGASS/UNAIDS reports).
- Conducted literature reviews and recommended a cost effectiveness study. This report will be discussed with stakeholders in the first quarter of FY2010.

Lessons learned/constraints:

- The upgraded website has many new functions but VAAC and PHAD/HPI staff have not yet mastered the skills to manage the website. This requires additional training and support from the web developer. Most of the contents of the website are outdated and

poorly written. The English page is almost empty. It is recommended that we find a volunteer to work as part-time English Editor for the website. We may discuss with UNAIDS to find possible support from them on this activity. Most of the available research papers and data are very long and presented in technical language. There is a need to present reports, papers and data in more accessible and practical way, in briefer, summary format so that policy makers and journalists can use them to transfer knowledge clearly to the people. The dissemination of this knowledge will help inform policy development and program planning.

- The financial report required by UNGASS report is very complicated. It is recommended that clear instructions on how to fill in the data be provided to partners. In addition, donors could save time and improve the reliability of the data reported by coordinating and streamlining their data requests to partners. UNAIDS and HPI have also discussed the possibility of helping VAAC to develop an online data reporting system so that every PAC and local partner can report to VAAC and other donors online.

Explanation/justification where achievements exceeded/fell below target: N/A

The launch of the new website was delayed several months since it was important to obtain VAAC's approval on the outlook and contents of the website.

Plan for the next year:

- Continue developing an online library/ data repository to promote evidence based policy development. Continue to transfer the key documents from the current website to the new website. Announce the new tools of the new website and enable all users and the web-master to communicate, recommend and share the information. Collect and post the documents related to HIV/AIDS including legal documentation, research findings, results of surveys, training materials, and other data to support policy making and programming decisions. All this information will be presented in a straightforward summary form in order to make it more accessible and useable.
- Improve the English section of the new website
- In coordination with UNAIDS, consider developing the online financial reporting system for VAAC that will be incorporated into the VAAC website.

6. MONITORING OF PEPFAR INDICATORS:

PROGRAM AREA	Achieved in quarter 4	Total achieved	Annual target	Percent of target achieved
(5) Prevention/Condoms and Other Prevention				
5.2. Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful	1,506	1,506	1500	100.4%
5.3. Number of individuals trained to promote HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful	21	21	22	95%
(6) Palliative Care (Basic Health Care including TB/HIV)				
6.1 Number of service outlets providing HIV-related palliative care (including TB/HIV)	5	5	5	100%
6.2 Number of individuals (incl family members) provided with HIV-related palliative care (including TB/HIV)	2,793	2,793	3000	93%
6.3 Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	33	33	30	110%
(8) Orphans and Vulnerable Children				
8.1 Number of OVC served by OVC programs	251	251	450	57%
8.1.A Primary Direct	251	251	450	57%
8.2 Number of providers/ caretakers trained in caring for OVC	33	33	30	110%
(13) Strategic Information				
13.1 Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	0	11	5	220%
13.2. Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	35	9	380%
(14) Other policy analysis and system strengthening				
14.1. Number of local organizations provided with technical assistance for HIV- related policy development	185	185	90	205%
14.2 Number of local organizations provided with technical assistance for HIV- related institutional capacity building	98	98	40	245%
14.3 Number of individuals trained in HIV- related policy development	283	283	270	105%
14.4 Number of individuals trained in HIV- related institutional capacity building	98	98	40	245%

14.5. Number of individuals trained in HIV-related stigma and discrimination reduction	283	283	270	105%
Others				
# PLHA, faith-based, CSO groups in PEPFAR focus provinces officially obtained legal status	0	1	1	NA
# PEPFAR focus provinces with at least 1 legal clinic established	5	5	5	100%
# provinces implementing PfP interventions	4	4	1	400%
# provinces using A2 and GOALS model	1	1	1	100%
# province to incorporate A2 and GOALS data (# infections averted; cost per infection averted) into provincial planning & resource allocation	1	1	1	100%
# surveillance tools to monitor trends in stigma & discrimination	0	1	1	NA
# policy material, policy brief, success stories, summary with evidence data summarized in easy-to-use formats	9	11	11	100%

II. PROBLEMS ENCOUNTERED OR BARRIERS TO IMPLEMENTATION, IF ANY, AND THEIR SOLUTIONS

III. INFORMATION ON BUDGET expenditures and burn-rate, carry over...



IV. SUCCESS STORIES

Case # 1: Legal Clinics Help HIV+ Children Access Education

Six-year old Binh lives with his mother and older brother in a small community in a northern province of Vietnam. His father died of AIDS and his family is stigmatized especially because he and his mother are both HIV+. In 2004, when Binh was 1 year old, his mother Luom submitted his application to kindergarten. School administrators rejected it, citing an official regulation which states that children with infectious diseases can be excluded from school. This regulation is vague, and is often interpreted based on the opinions of the school administrators. On the other hand, Vietnam's National Law on HIV/AIDS Prevention and Control is very clear, stating that educational establishments cannot refuse to admit students on the grounds that they are infected with HIV.

A lack of understanding of HIV/AIDS-related regulations and laws is a major cause of stigma and discrimination toward People Living with HIV/AIDS (PLHA). Beginning in 2008 Mrs. Luom received assistance from the Hanoi legal clinic, a project of the USAID-financed Health Policy Initiative. Due to the dedicated efforts of the legal clinic, Binh's kindergarten application was accepted: he has regained his right to education.

The Hanoi legal clinic is one of five clinics established by Health Policy Initiative in 2007 to provide legal assistance to PLHA and others affected by the HIV/AIDS epidemic. Legal clinic staff advocate for the rights of PLHA and reduction of HIV/AIDS-related stigma. With the clinic's support, clients gain access to school, employment, and health care. Mrs. Luom learned about the legal clinic when members of her PLWHA support group attended a communication session led by clinic staff. Mrs. Luom said, "Before I had the help of the Hanoi legal clinic, I went to the school alone four times—but the headmaster did not accept Binh's kindergarten application."

HPI's Hanoi legal clinic staff worked with teachers and administrators at the kindergarten to help them understand the law and to reduce HIV/AIDS related stigma at the school. They also encouraged the Ministry of Health (MOH), to work with the Ministry of Education and Training (MOET) to clarify the regulation on infectious disease in schools and ensure correct application of national HIV/AIDS law at provincial and local levels. Binh's case served as a catalyst for change: the MOET issued a nationwide directive, requiring that all schools ensure the right of people living with and affected by HIV to enroll and not be subject to HIV testing before acceptance.

In order to increase awareness of the MOET directive, the Hanoi legal clinic held a training workshop for administrators and teachers from 28 of Vietnam's 64 provinces, educating them about the directive and national HIV/AIDS law. Due to the Hanoi legal clinic's advocacy, not only is Binh enrolled in school but also many other HIV+ children across Vietnam who faced similar discrimination have gained access to education. "Binh would never have been able to go to school without the help of the Hanoi legal clinic" said his mother Luom.



Photo Caption: Binh relaxes at home after school with his older brother and his mother.

Photographer: Ngo Thi Thanh Thuy

Date of Photo: 5/26/2009

Case # 2: Obtaining a social pension to operate small business

A 45 year old woman visited the Hanoi legal clinic on 22 June, 2009. Her husband had died of AIDS. She was jobless and sick for a long time. She is living with three children in very poor conditions. She learned about the legal clinic through a peer counselor. She came to ask for help to receive a social pension from the government to be able to run a small business.

The Hanoi legal clinic applied Decree No. 67/ 2007/ NE-CP issued on 13/4/2007 (about social pension policy for the poor) to provide counseling for the client. The legal clinic also helped this woman prepare an application to the department of Labor Invalids and Social Affairs and referred her to a PLHA group for support.

As a result of the clinic's efforts, the client now receives 180,000 VND per month. She has also received a 5,000,000 VND social fund from PLHA for her small business. She expressed her gratefulness to the legal clinic in Ha Noi for its legal assistance. *"I thought my children and I could not live as we have no food and were isolated from society. I personally was not hired by anyone due to people's fear of being HIV infected by me. Since the Ha Noi legal clinic helped us, I realized that we could continue our lives and help other people with cases like mine"*

Case # 3: Regaining a lost job

A 30 year old female client visited the Hanoi legal clinic June 16, 2009. She and her husband are HIV positive and do not have any children. She was a worker in a company in Hanoi but was fired from her job by the Director of this company due to her HIV status. She could not find any other job and became a destitute, with no money for housing. She learned about the legal clinic through a peer counselor and came to ask for help in regaining her job in this company.

The clinic lawyer helped her understand the Law on HIV/AIDS prevention and control (article 4 item 1, article 3, and article 14 item 2 point a); Decree No. 45/ 2005/ NE-CP issued on 9/4/2005 (Point e, item 2, article 14 about administrative sanctions in the health sector) and let her know that the Director of this company had been wrong to dismiss her due to her HIV status. The lawyer also helped the client prepare a petition to send to the Union of this company. A back up action was sending a petition to the labor inspector if the director of the company did not call her back to her job. Fortunately, she got her job back right after the first petition was sent.

In the words of this client, *"although, I am HIV positive I am still able to work as others who are not HIV infected".* She expressed her *"sincere thanks to the legal clinic for helping me to get my job back.. I have learned about the HIV/AIDS news on television in the last five years. But I think that the HIV/AIDS Law needs to be disseminated to workplaces to reduce the stigma and discrimination that PLHA like me often face."*

Case # 4:

A 30 years old female client visited the legal clinic in Hanoi on 3rd July 2009. She got married and HIV+ without any opportunistic infections. Also, she was a kindergarten teacher, but was shifted to work as an administrative assistant when the principal learned of her HIV status. One day, the teacher saw a TV forum on HIV/AIDS and discovered that there is a legal clinic on HIV/AIDS in Hanoi that could assist her problem.

The lawyer at the legal clinic counseled the client on HIV/AIDS laws, particularly emphasized the Article 14, Item 2 of the Law on HIV/AIDS. The lawyer foresees the complicated matters and issued an urgent action due to the fact that other staff in the school and pupils' parents may know of the teacher's HIV status.

On the same day, a team of two lawyers and the director of the Hanoi AIDS Center met the principal at the school. The mobile legal aid team explained the HIV laws and PLHA rights that prohibit an employer forcing a physically fit employee to change the job on the ground of HIV/AIDS. The lawyers warned the principal of a possible fine from 5-10 million VND for administrative violation, mentioned in the Article 14 of the Decree No. 45/ 2005/ NE-CP issued on 9/4/2005. After the discussion, the principal permitted the teacher to resume her previous role as the kindergarten teacher.

Case # 5.

Client QN044 (male and married) came to the Quang Ninh legal clinic on December 23, 2008, to have a consultation with the lawyer regarding Voluntary Health Insurance. Previously, he thought that a HIV+ person was not qualified for the health insurance; therefore, he did not purchase it. He has been sick and spent a lot of money for in-patient treatment with his low income. This situation urged him to seek a Voluntary Health Insurance.

During the legal session, the lawyer discussed appropriate regulations that provide medical benefits to the client such as Pursuant to HIV/AIDS law, PLWHA have the rights to have health care, "other rights as stipulated by this law and other related laws". In addition, the inter-ministerial circular No. 06/2007/TTLT-BYT-BTC dated March 30, 2007 guides the implementation of Voluntary Health Insurance and stipulates the beneficiary as the following: "Voluntary Health Insurance is applicable to all Vietnamese citizens (excluding those who already have obligatory Health Insurance card following the Health Insurance regulation issued with Decree 63/2005/NĐ-CP dated May16, 2005 by the Government).

Technically, this client met all the requirements for a Voluntary Health Insurance. However, the insurance program has some restrictions to the client's current sickness due to high-cost health services that are clearly mentioned in the above circular on the date of effectiveness, payment norms and unallocable payments (the clinic gave the client a copy of the relevant laws for his reference). Additionally, the legal clinic guided the client to come to the Commune's People Committee for Voluntary Health Insurance registration.

As a result, the client came to the Commune's People's Committee and underwent legal procedures to get her Health Insurance.

Case # 6:

During the night on 27 December 2008, one client came to X hospital due to stomachache. After 2 hours of waiting for the blood test, he was told by a medical staff that he is infected with HIV. The client was shocked when he heard the news as he was not expecting this diagnosis.

A friend who is working on HIV/AIDS prevention visited the patient at the hospital and explained to him that the medical staff had violated the HIV/AIDS law by announcing the HIV test result without the patient's informed consent, giving HIV test without pre- and post-testing counseling, disclosing the HIV test result by an unauthorized staff, and exhibiting a discriminatory attitude while taking care of the patient. Immediately, in the following day, this friend shared the story with the technical working group's list-serve and the legal clinic in Hanoi.

In the following afternoon, the lawyer from the Hanoi legal clinic visited the hospital to consult With the client on having timely diagnosis and treatment; he also met with the X hospital's leaders to identify root problems for the HIV/AIDS law violation. The major problem was that the medical staff given the HIV test result to the patient was an on-the-job-trainee. This person and other medical staff in this ward did not fully know of the HIV/AIDS laws.

After the visit by the lawyer at the hospital, the client was formally diagnosed with the HIV positive and admitted for the opportunistic infection treatment. A week later, a training workshop on the HIV/AIDS law was held at the hospital for the managers and 50 medical staff in charge of different divisions/wards on the appropriateness of complying with the HIV/AIDS law in the hospital and following proper procedures when disclosing the HIV status to a patient.

Case # 7: Resource Need Model (RNM) training

According to multiple sources, the leaders and planning staff of both Provincial and National Departments and Agencies in Vietnam often face a great deal of difficulty in presenting their plans and estimating budgets to decision makers. This is especially true in the area of HIV/AIDS programming due to the multi-disciplinary approach and the variation of the epidemic trends and modes in each province.

All PACs in PEPFAR's focus provinces must present their budgets annually to their People's Committee for the next year's plan. The relationship between the program's objectives and each province's socio-economic development goals and financial needs are critically and carefully reviewed. However, PACs often receive a budget that does not meet their estimated needs. This is primarily because PACs' staff do not have the scientific tools to persuade the Planning and Financial Departments and Provincial People's Committees of the validity and necessity of their plans.

HPI believes that the RNM will be a valuable tool to support PEPFAR's focus provinces in estimating the required resources for their HIV/AIDS programs.

HPI conducted the RNM training on June 23-25, 2009 in collaboration with FHI and UNAIDS. PACs' delegates from 10 different provinces were invited to participate in the training held in Cat Ba, Hai Phong. These provinces included seven PEPFAR's focus provinces (Hanoi, Haiphong, Quang Ninh, Nghe Anh, HCMC, Can Tho, and An Giang) as well as three North-West provinces (Lao Cai, Dien Bien, and Son La). VAAC and PHAD staff, representatives from FHI, USAID and UNAIDS also participated in the training. The training curriculum focused on introducing the methodology, sharing useful approaches, utilizing applicable skills, and practicing with prevention components.

Traditionally, application of the RNM requires many complicated steps and the data management is difficult to maintain by many provinces. Keeping this in mind, HPI worked with the RNM developers and other experts to simplify the RNM and tailor it to Vietnam's situation, allowing for a wider use of the application in the provinces. Participants were taught the basic methods of using the RNM software. They were interested in learning how to use the RNM, as one participant said: *"...this is one of very few training courses in which the facilitator informed the class they were dismissed, but participants still stayed in class to practice the model with their computers..."*. Some participants were enthusiastic to apply the RNM to their provinces.

According to the course evaluation, a USB drive containing training materials and a participant contact list distributed to attendees was considered useful. Furthermore, the evaluation revealed that most participants were self-confident and proficient in using the methods introduced in the workshop.



RNM training in Hai Phong – June 2009

Training impact: By employing an active methodology combined with significant in-class computer practice, participants were able to estimate the resources needed for HIV/AIDS prevention and interventions activities such as: prioritize targeted interventions (IDUs, SWs, MSMs), PMTCT, STI management and Blood Safety.

At the end of workshop, one PAC Director stated: *"...In the past, we only estimated budgets depending on our own experiences, not based on detailed calculations like this; sometimes I felt our methods were wrong, but we did not have another way. Now, I will be able to use the RNM to estimate budgets and make realistic plans because we have the specific data and their sources..."*. Other participants reported that they would collect provincial data and use the RNM when estimating resources in their provinces.

In the coming months, PHAD and HPI/Abt Associates will cooperate with Haiphong PAC to collect data and to complete the RNM of Haiphong. After that, An Giang will be the next target province. Additionally, HPI also plans to provide a follow-up RNM training in January, 2010.